

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SD	75316	7/10/00
O.I.P.E. CLASSIFIER		12	7/14
FORMALITY REVIEW	na	831	68/18/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5-29-00
2	5-29-00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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